

Diocese of 
Belleville
THE CATHOLIC CHURCH IN SOUTHERN ILLINOIS
OFFICE OF EDUCATION

MEDICAL INFORMATION AND CONSENT FORM

School Name and City _____

Participant's Name _____ Birth Date _____

Parent/Guardian Name _____

Address _____

City/State _____

Home Phone _____ Work Phone _____

Emergency Contact (if parent/guardian cannot be reached):

Name _____ Phone _____

Physician's Name _____ Phone _____

MEDICAL INFORMATION:

1. Does the participant take medications regularly? Yes No
If yes, describe: _____
2. Does the participant have any allergies or chronic illnesses? Yes No
If yes, describe: _____
3. Is the participant allergic to any drugs or medications? Yes No
If yes, describe: _____
4. Is the participant covered by medical insurance? Yes No
If yes, name of insurer: _____

In the event that my child, _____ requires emergency medical treatment due to illness or injury, I hereby give my consent to the following:

1. personnel supervising my child to arrange for emergency medical care at an appropriate medical facility;
2. medical personnel at the medical facility to render necessary treatment to my child.

I further acknowledge and agree that I will assume responsibility for payment of all expenses associated with the medical care above described.

Parent/Guardian _____

Date _____